

## Healing From Depression Research Points the Way to Recovery

**Depression** can be treated with medications or talk therapy, and both have supporters with countless studies to prove how effective they are. But researchers now know that all depression is not equal, and that different people need different approaches to get better. For someone suffering from depression, the bottom line is that depression can usually be treated effectively with one or a combination of treatments. The trick is figuring out which treatments work best for which people. Researchers are making progress toward the day they can do that. They're also developing innovative new therapies that may change the way depression is treated in the future.

Depression is more than the blues or the blahs. Everybody gets sad or feels down sometimes, but most people with the blues can lift their mood by exercising, socializing or other activities. Those with major depression can't, and their symptoms can last weeks, months or even years. These symptoms can include:

- A persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism, guilt, worthlessness or helplessness

- Loss of interest or pleasure in hobbies and activities you once enjoyed
- Decreased energy and fatigue
- Difficulty concentrating, remembering or making decisions
- Insomnia, early-morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms such as headaches, digestive problems and chronic pain

Some people think depression is some kind of a personal weakness, something you can will away. Research has proven otherwise. Dr. Hussein Manji, director of the Mood and Anxiety Disorders Program at NIH's National Institute of Mental Health (NIMH), says, "If you've got this illness, your brain chemistry is not the way it should be. Lifestyle changes can help, but you can only do so much. You have to get treatment."

In fact, depression takes a physical toll that doctors can measure. "We're learning that depression is associated with a number of medical consequences," Manji said. It raises the risk of heart disease, high blood cholesterol and high blood pressure. The chance of someone dying after a heart attack is 4 times greater if they're depressed.

**Antidepressant** medications and talk therapy are the most common treatments for depression. Your doctor might have to try several treatments before finding the combination that's right for you. For those who don't respond to conventional treatments, electroconvulsive therapy (ECT) has been the treatment of last resort. Electrodes are placed on the head to deliver electrical impulses and cause seizures within the brain. ECT is very effective, but it has serious drawbacks: It's costly, requires multiple hospital visits

*continued on page 2*



### Definitions

#### Antidepressant

Something used to treat depression.

#### Depression

An illness that brings a persistent sad, anxious or "empty" mood, feelings of hopelessness and pessimism, and other symptoms that interfere with the ability to work, study, sleep, eat and enjoy once pleasurable activities.

### Inside News

- 1 Healing From Depression
- 3 Understanding Postpartum Depression
- 4 Health Capsules

- Dizzy for the Holidays
- Taking Medication for Weight Loss
- Web Site: Real Men. Real Depression.

**Depression:**

[www.nimh.nih.gov/healthinformation/depressionmenu.cfm](http://www.nimh.nih.gov/healthinformation/depressionmenu.cfm)  
(or 1-866-615-6464;  
TTY 1-866-415-8051)

**Getting Help:** [www.nimh.nih.gov/healthinformation/gettinghelp.cfm](http://www.nimh.nih.gov/healthinformation/gettinghelp.cfm)

**continued from page 1**

and can result in memory loss.

A newer method for treating depression is called vagus nerve stimulation (VNS). First used for depression by Dr. Mark George of the Medical University of South Carolina and just approved by the U.S. Food and Drug Administration, VNS serves as a sort of "pacemaker" for the brain. A surgically implanted device periodically sends small electric pulses up the vagus nerve in the neck and into the brain. George says researchers don't fully understand why VNS works, but it does. However, it does require invasive surgery.

Advanced brain imaging techniques showing activity within the brain are allowing researchers to design newer methods for treating depression that target particular areas of the brain. Dr. Helen Mayberg at Emory University's School of Medicine, for example, has used a technique called Deep Brain Stimulation, in which thin wires are surgically implanted into a particular area of the brain. A small current run through

the wires improved depression in 4 of 6 patients. Such surgery may be impractical for large numbers of people, but Mayberg says her study proves the principle that a small electric current in this area of the brain can help treat depression. "This research may help point the way to other effective treatments," she said.

George's research group and others are pursuing a technique that doesn't require surgery called Transcranial Magnetic Stimulation (TMS). In TMS, a small electromagnet on the scalp induces a current in the brain. The device can be fairly well focused in the brain and doesn't seem to cause side effects. TMS has been promising in small studies, and a large-scale NIMH-funded study is now under way to test it more rigorously.

Another approach researchers are taking is to try to develop better medications to treat depression. Many scientists have been intrigued by the fact it often takes people days or weeks to get better with antidepressant medications even though the drugs work very quickly to affect the molecules that brain cells use to communicate with each other. Manji explained that we now know these medications are starting a process inside cells to turn certain genes on and off, and that those genes, in turn, are the ones responsible for people getting better. "There's been a lot of research into trying to find what those genes are," Manji said.

The genes researchers are uncover-

ing seem to be involved in helping nerve cells grow and survive. While nerve cells in the brain don't seem to die with depression, they do sort of "shrivel up," as Manji put it.

"It's good news because maybe we can do something about it," Manji said. Several drugs targeting these new pathways are now being developed and tested, and Manji is optimistic that new medications will be available within the next few years.

Depression researchers hope that understanding the genes involved in depression will ultimately help doctors make better treatment decisions as well. Manji believes that as few as 4 or 5 genes might enable doctors to predict, with a simple blood test, which treatments will work best for which people.

None of these developments changes the fact that current treatments for depression still work for most people. "Most people bounce back and get totally back on their game if they get treated," George stressed. If you or someone you know is depressed, get treatment as soon as you can. ■

**Wise Choices****Helping Someone Who May Be Depressed**

- Tell the person that you are concerned about him or her.
- Talk to the person about seeing a doctor.
- Take the person to a doctor.
- "Be there" for the person after he or she starts treatment.
- Take any comments about suicide or wishing to die seriously. If you think someone you know might be suicidal, don't leave them alone. Try to get them to seek help immediately from an emergency room, physician or mental health professional. Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to be connected to a trained counselor at a suicide crisis center.

**NIH News in Health (ISSN 1556-3898)****Editor Harrison Wein, Ph.D.**

[wein@od.nih.gov](mailto:wein@od.nih.gov)  
Tel: 301-435-7489 Fax: 301-496-0019

**Contributors**

Marcia Doniger, Margaret Georgiann (illustrations), Abby J. Vogel, M.S. and Harrison Wein, Ph.D.

To get email updates when new issues are posted online, send an email to [listserv@list.nih.gov](mailto:listserv@list.nih.gov) with the words "Subscribe NIHNewsInHealth-L" in the message body.

If you want paper copies of *NIH NIH* for your office or clinic, please contact us or download copies free of charge at [newsinhealth.nih.gov](http://newsinhealth.nih.gov).

Editors who wish to reprint our stories can use them free of charge. Our stories are not copyrighted. We ask, however, that you notify us and please fax or mail us copies of your final packages.

**National Institutes of Health**

Office of Communications  
& Public Liaison  
Building 31, Room 5B38  
Bethesda, MD 20892-2090

[newsinhealth.nih.gov](http://newsinhealth.nih.gov)

# Understanding Postpartum Depression

## Common but Treatable

Many women have mood swings right after childbirth. They can be happy one minute and sad the next. Even when their baby is asleep, they may have difficulty sleeping, eating and feel a little depressed. If these symptoms begin a few days after delivery and go away after 7-10 days without treatment, they are in all likelihood the "baby blues," a short-lasting condition that 50-80% of women feel and that usually doesn't require medical intervention. Clinically diagnosed postpartum depression, however, is another story.

Actress Brooke Shields recently gave a compellingly candid public account of her experience with postpartum depression following the birth of her daughter. When actor Tom Cruise publicly criticized her course of treatment, psychiatrists seized the opportunity to offset the stigma and misconceptions associated with this illness.

Postpartum depression affects 10-15% of women any time from

a month to a year after childbirth. Women with postpartum depression may feel restless, anxious, sad or depressed. They may have feelings of guilt, decreased energy and motivation, and a sense of worthlessness. They may also have sleep difficulties and undergo unexplained weight loss or gain. Some mothers may worry about hurting themselves or their baby. In extremely rare cases—less than 1% of new mothers—women may develop something called postpartum psychosis. It usually occurs within the first few weeks after delivery. Symptoms may include refusing to eat, frantic energy, sleep disturbance, paranoia and irrational thoughts. Women with postpartum psychosis usually need to be hospitalized.

Researchers aren't sure what causes postpartum depression, but think that the dramatic shifts in hormone levels during pregnancy and immediately afterward may result in chemical changes in the brain leading to the condition. Childbirth is also a major life change that can create ongoing stress and contribute to depression. The new mom's responsibility for the baby, the household and her work duties upon returning after maternity leave may affect her risk of getting postpartum depression.

The good news is that, like diabetes or heart disease, postpartum depression is an illness that can be successfully treated with medicine and therapy. Women treated with antidepressant medicines and talk therapy usually show marked improvement. Depending on the type of medication they're using, they may be able to continue breast feeding.

Researchers are making progress in understanding how changing



hormone levels and other factors affect the brain after childbirth. They hope to develop better medications for treating postpartum depression by targeting the chemical pathways they're uncovering.

If you suspect that someone you know is suffering from postpartum depression, it's important to show understanding and support during this stressful time to help the new mom avoid the stigma, shame and isolation often associated with postpartum depression.

Dr. Cathy Roca, chief of the Women's Mental Health Program at NIH's National Institute of Mental Health, stresses, "Postpartum depression is common and treatable. Having postpartum depression does not mean that you're not a good mom." Ask your health care provider to recommend a therapist or support groups that can help. You can also call 1-866-615-6464 (TTY 1-866-415-8051) for more information. ■



### Statistics Facts About Depression

- Major depression is the leading cause of disability in the U.S. and worldwide.
- Nearly twice as many women (12%) as men (7%) are affected by a depressive disorder each year.
- Women with postpartum depression have a 50% chance of getting it after subsequent pregnancies and may be at an increased risk for future depression not associated with pregnancy.
- Women with a family history of depression and bipolar disorder are more likely to get postpartum depression.

Source: NIH's National Institute of Mental Health



# Health Capsules

## Dizzy for the Holidays

For many people, the end of the year is filled with trips to the shopping mall to buy presents for the holidays. For those with balance disorders, the thought of shopping malls and the dizzy spells they bring can be scary.

Shopping malls provide a lot of visual stimuli: skylights, big window displays, people rushing around and multiple floors that make you look over balconies. For some people, these sights can be very challenging.

According to Dr. Joseph Furman at the University of Pittsburgh, the brain of someone with a balance disorder may incorrectly process all this visual information. They can become overwhelmed and feel unsteady, giddy and woozy, or have a sensation of movement, spinning or floating. The disorientation they feel can sometimes cause a panic attack.

Some people with balance disorders avoid going to crowded shopping malls altogether and instead shop online or by catalog. But in many cases, balance disorders can be successfully treated.

Several diseases and disorders can contribute to balance problems, and treating the underlying problem can improve or cure the balance disorder. Your doctor can also refer you to a specialist who can design a personalized program of balance retraining exercises involving head and body movements.

Scientists continue to work toward a better understanding of balance disorders and to test new

treatments. One grant from NIH's National Institute on Deafness and Other Communication Disorders, for example, was awarded to the University of Pittsburgh to create a virtual environment to teach people with balance disorders how to adapt to complex environments.

If you have a balance disorder, see your doctor about it. Bring a written list of symptoms, along with a list of all the medications you're taking, to help the doctor make a diagnosis and recommend the right treatment. ■



[www.nidcd.nih.gov/health/balance/index.asp](http://www.nidcd.nih.gov/health/balance/index.asp)



## Featured Web Site

Real Men  
Real Depression

[www.menanddepression.nimh.nih.gov/](http://www.menanddepression.nimh.nih.gov/)

Depression affects an estimated 6 million men each year. But men are often reluctant to recognize, acknowledge and seek treatment for their depression. Read and hear personal stories of depression from real men with varied backgrounds, learn more about depression and find out how to get help. *From NIH's National Institute of Mental Health.*

## Taking Medication for Weight Loss

A new study shows that, for those taking the weight-loss medication sibutramine (Meridia®), a program of diet, exercise and behavioral therapy leads to significantly greater weight loss than the medication alone. The study confirms that lifestyle modification plays an important role in any weight loss program, whether it involves medication or not.

Researchers supported by NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) randomly assigned 224 obese adults to four groups: 1) lifestyle modification; 2) lifestyle modification plus weight-loss medication; 3) weight-loss medication plus brief physician-mediated therapy; and 4) weight-loss medication alone.

The lifestyle modification therapy group had thirty 90-minute group meetings during which participants were instructed to complete and share weekly assignments such as keeping daily food and activity records. The combined therapy group

received medication and lifestyle modification therapy. The medication with brief therapy group met with physicians 8 times for 10-15 minutes, where they were given assignments like those in the above groups. The medication alone group also met with physicians but were only given general information on diet and exercise. All groups were given the same diet and exercise plan.

After one year, patients in the combined therapy group lost an average of about 26 pounds—more than double the weight loss seen with medication alone (11 pounds). Almost 3 out of 4 people, 73%, of those in the combined group lost 5% or more of their initial body weight, compared to 56% of those in the brief therapy plus medication group, 53% of those in the lifestyle modification alone group and 42% of those in the medication alone group.

Improving your eating and physical activity habits are the first line of treatment for obesity. For those having trouble losing enough weight to improve their health, weight-loss medications can help. But these medications are most effective, this study confirms, when they're used along with a reduced-calorie diet and increased physical activity rather than instead of them. ■



[win.niddk.nih.gov](http://win.niddk.nih.gov)  
[www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/index.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm)